

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**



HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 4 1 9

2. STATE:

Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 1994

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 9 \$ 0  
b. FFY 9 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6A Supplement 8b pg 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 2.6A Supplement 8b pg 4

10. SUBJECT OF AMENDMENT:

Savings Accounts for Business Operations

11. GOVERNOR'S REVIEW (Check One):



☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Robert C. Metcalf*

13. TYPED NAME:

Robert C. Metcalf

14. TITLE:

Director

15. DATE SUBMITTED:

August 18, 1994

16. RETURN TO:

Department of Medical Assistance Services  
600 E. Broad Street, Suite 1300  
Richmond, Virginia 23219

17. DATE RECEIVED:

FOR REGIONAL OFFICE USE ONLY

18. DATE RECEIVED:

June 6, 2001

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/94

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

*Claudette V. Campbell*

21. TYPED NAME:

CLAUDETTE V CAMPBELL

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

DIVISION OF MEDICAID &  
STATE OPERATIONS



Revision: HCFA-PM-91-4  
August, 1991

(BPD)

Supplement 8b to  
Attachment 2.6-A  
Page 1 of 1

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

OMB No.: 0938-

**MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER § 1902 (R) (2) OF THE ACT**

F. Resource exemption for Aid to Dependent Children-related categorically and medically needy (described in §§1902(a)(10)(A)(i)(III), (IV), (VI), (VII); §§1902(a)(10)(A)(ii)(VIII), (IX); §1902(a)(10)(C)(i)(III) of the *Social Security Act*): Any individual or family applying for or receiving assistance may have or establish one interest-bearing savings account per assistance unit not to exceed \$5,000 at a financial institution if the applicant, applicants, recipient or recipients designate that the account is reserved for one of the following purposes: (i) paying for tuition, books, and incidental expenses at any elementary, secondary or vocational school or any college or university; (ii) making down payment on a primary residence; or (iii) business incubation. Any funds deposited in the account shall be exempt when determining eligibility for medical assistance for so long as the funds and interest remain on deposit in the account. Any amounts withdrawn and used for any of the purposes stated in this section shall be exempt. For purposes of this section, "business incubation" shall mean the initial establishment of a commercial operation which is owned by a member of the Medicaid assistance unit. The net worth of any business owned by a member of the assistance unit shall be exempt from consideration so long as the net worth of the business is less than \$5,000.

G. The Commonwealth of Virginia will disregard all resources for qualified children covered under Section 1902(a)(10)(A)(i)(III) and 1905(n) of the Social Security Act.

TN No. 94-19  
Supersedes  
TN No. 93-09, 94-01

Approval Date **JUN 6 2001**

Effective Date 07/01/94

HCFA ID: 7985E